

CONSCIOUS SEDATION - ATTESTATION to NUMBER of PROCEDURES

Pursuant to N.J.A.C.13:35-4A.12(b)1, by my signature below, I _____ (Name)
certify that, in the two years immediately preceding the date of this application, I
administered conscious sedation in _____ (number) _____ of procedures,
with acceptable results for patients of all age groups of patients within my practice, for
which privileges are requested.

DATE: _____ NAME: _____

(type or print)

SIGNATURE: _____

Attachment 1

Licensee Name: _____ License Number: _____